

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 01752501  
APPLICANT(S)

FILED DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2	1		1				
3		1	1				
4		3	3				
5		3	3				
6		3	3				
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BEST AVAILABLE COPY